FILING DATE SERIAL NO. **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT AS FILED DEP. DEP. DEP. IND. DEP. IND. DEP. DEP. IND. BEST AVAILABLE COPY TOTAL IND. TOTAL IND. TOTAL DEP. TOTAL DEP. (1) The same of th 4 700

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